



470675

PREINSPECTION FILES AUDIT  
CHECKLISTDATE: 3/16/89BY: Ted WarnerCOMPANY: Johnson Controls Inc.LOCATION: 1302 E. Monroe St., Asher, Pa. 46526I.D.#: IND 1 009 1 549 1 593Type of inspection: G----T---(TSD)---Closure---Complaint---Other (please specify)A. GENERAL

~~John Fecteau 219-533-2111~~  
Joseph H. McCorkel

	YES	NO	NA
1. FEDERAL NOTIFICATION ON FILE?	---	---	---
2. FEDERAL PART A ON FILE?	---	---	---
3. CLOSURE PLAN REVIEWED?	---	---	---
4. CONTINGENCY PLAN REVIEWED?	---	---	---
5. BIENNIAL REPORT REVIEWED? <i>no 1987</i>	---	---	---
*6. PART B PERMIT REVIEWED?	---	---	---

\*(Note any Special Permit Conditions)  
Comments:

Part B called on May 25, 1988

B. NOTIFICATION DATA (Notify type, waste codes listed, etc.)(1980) F001, 2, 3, 5, 6, 17P106, 121,U 002, 154, 159 220, 226, 228, 239(87) F001, 2, 5, 6, P106, 121, U 002, 154, 031, 220226, 228, 080, 239C. LAND DISPOSAL INFORMATION

## 1. List Waste and Land Disposal Facility

F006Liams Center Landfill

D. LIST POSSIBLE WASTE STREAMS NOT LISTED ON BIENNIAL REPORT

\_\_\_\_\_ *n/a*  
\_\_\_\_\_

E. LIST WASTE MANAGEMENT PRACTICES WHICH MAY REQUIRE A PERMIT

\_\_\_\_\_ *n/a*  
\_\_\_\_\_

F. FEDERAL PART A (Handling Codes), OR PART B PERMIT

	<u>Code</u>	<u>Amount</u>	<u>Unit of Measure</u>	
<i>4748</i>	<u>501</u>	<u>10,560</u>	<u>6</u>	<i>(192 55 gal cont.)</i>
2.	_____	_____	_____	
3.	_____	_____	_____	
4.	_____	_____	_____	
5.	_____	_____	_____	

Are there any discrepancies regarding multiple Part A submittals?

G. CLOSURE/POST CLOSURE

1. Any Closed Units: If yes, describe:

*not at this time*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. COMPLIANCE HISTORY

List past two inspections and enforcement actions (CO, NOV, VL, WL)

<u>Date of inspection</u>	<u>Action type</u>	<u>Date of Action</u>
<u>Oct. 21, 1986</u>	<u>NOV</u>	<u>(Resolved Sept. 25, 1987)</u>
_____	_____	_____

I. LIST UNRESOLVED ENFORCEMENT ACTIONS/VIOLATIONS

*N/A*

J. BRIEFLY SUMMARIZE PREVIOUS VIOLATIONS. NOTE IF THEY ARE REPEATS.

*Spillage and the required notification. [WL (L-087) 1985] <sup>10-15</sup>*

K. LIST ANY ITEMS UNDER COMPLIANCE SCHEDULES WHICH ARE NOT YET COMPLETED OR  
NEED FIELD VERIFIED

L. COMMENTS

*EFI - 9-3-87*

TSD - RCRA INSPECTION REPORT

EPA ID # IND 009 549 593 NAME Johnson Controls Inc.

MAILING ADDRESS: 1302 East Monroe St.  
Evansville, Ind., 46526

LOCATION ADDRESS: same

CONTACT: Emery Lee Heck PHONE: 219-533-2111

OWNERSHIP: Johnson Controls Inc. COUNTY: Elkhart

STATUS CODE: 1 1=Active 3=Dead Mail 4=PCB handler  
6=non-handler 2=Obsolete ID # 9=Superfund site  
5=Out of business

ACTIVITY: (This should reflect the actual functioning of the facility)

LQG ☒ SQG ☐ CEG ☐ TRANSPORTER ☐ TSD ☒ UI ☐

TRANSPORTERS: Air ☐ Rail ☐ Hwy ☐ Water ☐ Other ☐

HAZARDOUS WASTE FUEL N/A: Gen mktg burner ☐ other mktr ☐ burner ☐  
OFF SPEC USED OIL FUEL N/A: Gen mktg burner ☐ other mktr ☐ burner ☐  
SPEC USED OIL FUEL MKTR N/A:  
BURNING DEVICE N/A: Util boiler ☐ Indus boiler ☐ Indus furn ☐

Person(s) interviewed:

Title:

Telephone:

Emery Lee Heck

Environmental Coordinator

219/533-2111

Larry Martin

Hazardous Waste Mat. Handler

" "

Inspector(s): Page 5

Agency:

Telephone:

Ted Warner

IDEM

317/232-4536

Date of inspection: March 22, 1989 Time of inspection: 9:05 AM

NO

✓

## Disposition

Looking to replace all "F" solvent waste

## Disposition

Waste		Quantity	Frequency	Destination
Waste Oil	Lub + Hydraulic Oil	1,500 gal.	> 3mths	Marimuth Oil, Sout
General Refuse		20 yd <sup>3</sup>	1/wk	Goshen & Elkhart
Scrap Metal				3T - Fort Wayne
Wood pallets				

- 7) If the company claims a reuse or reclaim exemption please include the following information:

N/A

	<u>Waste Type</u>	<u>Generation Rate</u>	<u>How reclaimed &amp; by Who</u>	<u>Quantity stored on Site</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____

8) Hazardous Waste On-Site

	<u>Amount</u>	<u>How Stored</u>	<u>Comments</u>
<u>FOO6</u>	<u>117</u>	<u>SOI</u>	<u>Inside Storage Building</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 9) Has the capacity of the storage areas listed on the Part A exceeded that allowed? List the type and amount of actual storage capacity overages.  
329 IAC 3-38-2 (HWIMS 610)

no

- 10) Indicate any TSD activities which have been omitted from or are not clear on the facility map (for the purpose of determining if expansion has occurred)  
 (40 CFR 270.13 and 329 IAC 3-34-4) (HWIMS 610)

none

- 11) Is the Biennial Report Accurate? yes
- 12) Note any non-RCRA Violations (Open Dumping, Dumping in City Sewer Without Pretreatment Program, OSHA, etc.) \_\_\_\_\_

none

General Facility Standards (paperwork)

		<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
1)	Has the Regional Administrator/Environmental Management Board been notified regarding:				
a.	Receipt of hazardous waste from a foreign source? <u>40 CFR 265.12(a) (329 IAC 3-16-3) (HWIMS 300)</u>	—	—	—	✓
b.	Facility expansion? <u>40 CFR 270.72(b) (329 IAC 3-38-3) (HWIMS 610)</u>	—	—	—	✓
c.	Change of owner or operator? <u>40 CFR 265.12(b) (329 IAC 3-16-3) (HWIMS 300)</u>	—	—	—	✓

2) General Waste Analysis: (HWIMS 310)

a.	Has the owner or operator made a detailed chemical and physical analysis of the waste either through testing or knowledge of the process? <u>40 CFR 265.13(a) (329 IAC 3-16-4)</u>	✓	—	—	—
b.	Does the owner or operator have a detailed waste analysis plan on file at the facility? <u>40 CFR 265.13(b) (329 IAC 3-16-4)</u>	✓	—	—	—
	Does the waste analysis plan contain:				
	1. parameters (and rationale for their choice)	✓	—	—	—
	2. test methods	✓	—	—	—
	3. sampling method for representative sample	✓	—	—	—
	4. frequency of analysis (and rationale)	✓	—	—	—
	5. <u>off-site only:</u> waste analysis from generators	✓	—	—	—
	6. Additional waste analysis needed (when a change in waste type or process occurs)				
a.	<u>265.193 (329 IAC 3-24-3) Tanks</u> (see above)	—	—	—	✓
b.	<u>265.225 (329 IAC 3-25-4) Impoundment</u> (same as above)	—	—	—	↓
c.	<u>265.252 (329 IAC 3-26-3) Waste Pile</u> (same as above)	—	—	—	↓
d.	<u>265.273 (329 IAC 3-27-3) Land Treatment</u> (same as above)	—	—	—	↓
e.	<u>265.341 (329 IAC 3-29-2) Incinerators</u> (same as above)	—	—	—	↓

		<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
f.	<u>265.375 (329 IAC 3-30-3) Thermal Treatment</u> (same as above)	—	—	—	✓
g.	<u>265.402 (329 IAC 3-31-3) Other Treatment</u> (same as above)	—	—	—	✓

c. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?  
40 CFR 265.13(c) (329 IAC 3-16-4)
— — — ✓

d. Is the waste analysis plan followed? yes

3) Owner or Operator Inspections: (HWIMS 320)

a. Does the owner or operator inspect the facility for deterioration, malfunctions, operator errors, and discharges of hazardous waste that may affect human health or the environment?  
40 CFR 265.15(a) (329 IAC 3-16-6)
✓ — — —

b. Does the owner or operator have an inspection schedule at the facility?  
40 CFR 265.15(b)2 (329 IAC 3-16-6)
✓ — — —

c. If so, does the schedule address the inspection of the following items:  
40 CFR 265.15(b)1 (329 IAC 3-16-6)

i. monitoring equipment?
✓ — — —

ii. safety and emergency equipment?
✓ — — —

iii. security devices (including fences)?
✓ — — —

iv. operating and structural equipment (ie. dikes, pumps, etc.)?
✓ — — —

v. type of problems to be looked for during the inspection (e.g. leaky fittings, defective pump, etc.)?  
40 CFR 265.15(b)(2) (329 IAC 3-16-6)
✓ — — —



	<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
vi. inspection frequency (based upon the possible deterioration rate of the equipment)? <u>40 CFR 265.15(b)(4) (329 IAC 3-16-6)</u>	<u>✓</u>	<u>—</u>	<u>—</u>	<u>—</u>

vii. Must include:

- |   |          |          |          |          |
|---|----------|----------|----------|----------|
| 1. Weekly container storage?<br>(See 265.174) (329 IAC 3-23-5)  | <u>✓</u> | <u>—</u> | <u>—</u> | <u>—</u> |
| 2. Daily and Weekly Tank Storage?<br>(See 265.194) (329 IAC 3-24-4)   | <u>—</u> | <u>—</u> | <u>—</u> | <u>✓</u> |
| 3. Daily freeboard and weekly dike inspection for surface impoundments?<br>(See 265.226) (329 IAC 3-25-5)   | <u>—</u> | <u>—</u> | <u>—</u> | <u>✓</u> |
| 4. Landfills, Thermal treatment, Chemical, Physical, and Biological treatment should be inspected as determined by deterioration rate and daily at loading and unloading areas (where spills are likely)<br>[See 265.15(b)(4) (329 IAC 3-16-6)] | <u>—</u> | <u>—</u> | <u>—</u> | <u>✓</u> |

- |   |          |          |          |          |
|---|----------|----------|----------|----------|
| d. Does Owner or Operator follow the written inspection schedule as outlined?<br><u>265.15(b)(1) (329 IAC 3-16-6)</u> | <u>✓</u> | <u>—</u> | <u>—</u> | <u>—</u> |
| e. Are areas subject to spills inspected daily when in use?<br><u>265.15(b)(4) (329 IAC 3-16-6)</u>                   | <u>✓</u> | <u>—</u> | <u>—</u> | <u>—</u> |

- |   |          |          |          |          |
|---|----------|----------|----------|----------|
| f. Does the owner or operator maintain an inspection log or summary of owner or operator inspections?<br><u>40 CFR 265.15(d) (329 IAC 3-16-6)</u> | <u>✓</u> | <u>—</u> | <u>—</u> | <u>—</u> |
|---|----------|----------|----------|----------|

- |   |  |  |  |  |
|---|--|--|--|--|
| g. Does the inspection log contain the following information:<br><u>40 CFR 265.15(d) (329 IAC 3-16-6)</u> |  |  |  |  |
|---|--|--|--|--|

- |   |          |          |          |          |
|---|----------|----------|----------|----------|
| i. the date and time of the inspection? | <u>✓</u> | <u>—</u> | <u>—</u> | <u>—</u> |
| ii. the name of the inspector?          | <u>✓</u> | <u>—</u> | <u>—</u> | <u>—</u> |

OK DF NI NA

iii. a notation of the observations made?

✓ — — —

iv. the date and nature of any repairs or remedial actions?

✓ — — —

4) Do personnel training records include: (HWIMS 330)

a. Job titles for the positions related to HWM  
40 CFR 265.16(d)1 (329 IAC 3-16-7)

✓ — — —

b. The name of the employees filling each job title?  
40 CFR 265.16(d)(1) (329 IAC 3-16-7)

✓ — — —

c. Job descriptions including the required skills, education, or other qualifications and the duties of the personnel assigned to the position?  
40 CFR 265.16(d)2 (329 IAC 3-16-7)

✓ — — —

Check categories for which job titles/descriptions are available (please include the supervisors of each category in that category when reviewing documents).

Emergency coordinator ✓ Training coordinator ✓ Emergency response personnel ✓  
Inspectors ✓ Material handlers ✓ Container labelers ✓ Manifesters ✓  
Recordkeepers ✓

d. Description of both introductory and continuing training required for each job?  
40 CFR 265.16(d)(3) (329 IAC 3-16-7)

✓ — — —

Describe in general the type of training program in use at the facility.

Training is provided by class room studies of JCI's contingency plan, OSHA regulations and safety rules instructed by Larry Martin and Art Holtzinger

e. Records of training required in (d)?  
40 CFR 265.16(d)4 (329 IAC 3-16-7)

✓ — — —

f. Did facility personnel receive the required training including:

i) classroom or on the job

ii) within 6 months of hire

iii) annual review of training?

g. Are all training records maintained for current personnel and for at least three years for former employees?

40 CFR 265.16(e) [329 IAC 3-16-7(e)]

OK	DF	NI	NA
✓			
✓			
✓			
✓			

CONTINGENCY PLAN AND EMERGENCY PROCEDURES

(HWIMS 350)

1) Does the Contingency Plan contain the following information:

a. The actions facility personnel must take to comply with 265.51 (3-18-2) and 265.56 (3-18-7) in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable). ✓

A. A description of arrangements agreed by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services. 329 IAC 3-18-3 ✓

i. Names, addresses, and phone numbers of all persons qualified to act as emergency coordinators? ✓

ii. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities? 40 CFR 265.52(e) (329 IAC 3-18-3) ✓

	<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
iii. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes.) <u>40 CFR 265.52(f) (329 IAC 3-18-3)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Emergency Coordinator:

a. Is the facility Emergency Coordinator identified? <u>40 CFR 265.52(d) (329 IAC 3-18-3)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is coordinator familiar with all aspects of site operation and emergency procedures? <u>40 CFR 265.55 (329 IAC 3-18-6)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does Emergency Coordinator have the authority to carry out the Contingency Plan? <u>40 CFR 265.55 (329 IAC 3-18-6)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preparedness and Prevention

1) Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility? <u>40 CFR 265.37 (329 IAC 3-17-7)</u> (HWIMS 340)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are copies of the Contingency Plan available at the site and local emergency organizations? <u>40 CFR 265.53 (329 IAC 3-18-4)</u> (HWIMS 350)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Emergency Procedures

If an **emergency** situation has occurred at this facility, has the **Emergency** Coordinator followed the emergency procedures listed in 265.56 (329 IAC 3-18-7)?  
(HWIMS 350)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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1) *Letters of agreement*

MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING:

N/A

		<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
1)	Use of Manifest System: (HWIMS 360)				
a.	Does the facility follow the procedures listed in <u>265.71 (3-19-2)</u> for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)	—	—	—	—
b.	Are records of past shipments retained for three (3) years? <u>40 CFR 265.71(b)5 (329 IAC 3-19-2)</u>	—	—	—	—
2)	Does the owner or operator meet requirements regarding manifest discrepancies? (Off-site facilities only) <u>40 CFR 265.72 (329 IAC 3-19-3)</u>	—	—	—	—
3)	Unmanifested Waste Reports: (applies only to Off-site facilities)				
a.	Has the facility accepted any hazardous waste from an off-site generator subject to 40 CFR 262.20 (3-8-1) without a manifest or shipping paper? <u>40 CFR 265.76 (329 IAC 3-19-7)</u>	—	—	—	—
b.	If "a" is yes, provide the identity of the source of the waste and a description of the quantity, type and date received for each unmanifested hazardous waste shipment.	—	—	—	—
c.	Has the facility submitted 8700-13B (unmanifested waste report)?	—	—	—	—
<hr/>					
<hr/>					
<hr/>					
4)	Closure/Post Closure				
a.	Is the closure plan available for inspection? <u>40 CFR 265.112(a) (329 IAC 3-21-3) (HWIMS 390)</u>	✓	—	—	—
b.	Is the post-closure plan available for inspection? (for disposal facilities only) <u>40 CFR 265.118(a) (329 IAC 3-21-8) (HWIMS 390)</u>	—	—	—	✓
c.	Has the closure cost and post closure cost estimate been revised annually to account for inflation. (HWIMS 400)	✓	—	—	—

- |    |   | OK | DF | NI | NA |
|----|---|----|----|----|----|
| 5) | Operating Record: (HWIMS 370)   |    |    |    |    |
| a. | Does owner or operator have a operating record?<br><u>40 CFR 265.73(a)</u>  | ✓  | —  | —  | —  |
| b. | Does the owner or operator maintain an operating record that contains the following information?  |    |    |    |    |
| i. | The method(s) and date(s) of each waste's treatment, storage, or disposal as required in 40 CFR 265 Appendix I (329 IAC 3-32-2)?<br><u>40 CFR 265.73(b)(1) (329 IAC 3-19-4)</u> | ✓  | —  | —  | —  |

Summarize how the facility tracks the method and date of TSD activity.

*Each Waste stream is logged into storage record,*

- |     |  |   |   |   |   |
|-----|--|---|---|---|---|
| ii. | The location and quantity of each hazardous waste within the facility? (This information shall be cross referenced to a specific manifest number if the waste was accompanied by manifest.)<br><u>40 CFR 265.73(b)(2) (329 IAC 3-19-4)</u> | ✓ | — | — | — |
|-----|--|---|---|---|---|

Summarize how the facility tracks the location and quantity of waste.

- |      |   |   |   |   |   |
|------|---|---|---|---|---|
| iii. | A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross referenced to specific manifest number, if accompanied by a manifest.)<br><u>40 CFR 265.73(b)(2) (329 IAC 3-19-4)</u> | — | — | — | ✓ |
|------|---|---|---|---|---|

- |     |  |   |   |   |   |
|-----|--|---|---|---|---|
| iv. | Records and results of all waste analyses, trial tests, monitoring data, and operating inspections?<br><u>40 CFR 265.73(b)(3)(5)(6) (329 IAC 3-19-4)</u> | ✓ | — | — | — |
|-----|--|---|---|---|---|

- |    |  |   |   |   |   |
|----|--|---|---|---|---|
| v. | Reports detailing all incidents that required implementation of the Contingency Plan?<br><u>40 CFR 265.73(b)(4) (329 IAC 3-19-4)</u> | — | — | — | ✓ |
|----|--|---|---|---|---|

- |     |  |   |   |   |   |
|-----|--|---|---|---|---|
| vi. | All closure and post closure costs as applicable?<br><u>40 CFR 265.73(b)(7) (329 IAC 3-19-4)</u> | ✓ | — | — | — |
|-----|--|---|---|---|---|

GROUNDWATER MONITORING

40 CFR Subpart F

Complete this section for facilities that treat, store, or dispose of hazardous waste in landfills, surface impoundments and/or by land treatment.

		<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
1)	Has the owner or operator of the facility implemented a groundwater monitoring system? <u>40 CFR 265.90(a) (329 IAC 3-20-1)</u> (HWIMS 380)	___	___	___	<u>✓</u>
2)	Has the owner or operator of the facility implemented an alternate groundwater monitoring system as described in <u>265.90(d) (329 IAC 3-20-1)?</u> (HWIMS 380)	___	___	___	<u>✓</u>
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APPENDIX GN

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

		<u>OK</u>	<u>DF</u>	<u>NI</u>	<u>NA</u>
<u>Manifest Requirements:</u>		(HWIMS 110)			
1)	Does the operator have copies of the manifest available for review? <u>40 CFR 262.40 (329 IAC 3-10-1)</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period			<u>6</u>	
3)	Do the manifest forms examined contain the following information. <u>40 CFR 262.21 (329 IAC 3-8-1)</u>				
a.	Manifest document number? EPA ID No. + Unique 5 digit No.? (A sequential number for all manifests before September 20, 1984, and a five digit unique number after September 20, 1984.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Name, mailing address, telephone number, and EPA ID number of generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Name, telephone number (3-14-3) and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Name, Address, telephone number (3-14-3) and EPA ID Number of designated permitted facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	EPA hazardous waste number (3-14-3)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4) Reportable exceptions: (HWIMS 180)  
40 CFR 262.42 (329 IAC 3-10-3)

- a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. none
- b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) (329 IAC 3-10-3) to the Regional Administrator.

INTERNATIONAL SHIPMENTS: (HWIMS 190)

- |  | OK | DF | NI | NA                                  |
|--|----|----|----|-------------------------------------|
| 1) Has the installation imported or exported hazardous waste?<br><u>40 CFR 262.50 (329 IAC 3-11-1)</u><br>(If answered Yes, complete the following as applicable.) |    |    |    | <input checked="" type="checkbox"/> |
| a. Exporting hazardous waste; has a generator:   |    |    |    |                                     |
| i. Notified the administrator in writing?  |    |    |    |                                     |
| ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?  |    |    |    |                                     |
| iii. Met the Manifest requirements?  |    |    |    |                                     |
| b. Importing hazardous waste; has the generator met the manifest requirements?   |    |    |    | <input checked="" type="checkbox"/> |

RECORDKEEPING AND REPORTING:

- 1) Has the generator made a proper hazardous waste determination for all solid wastes generated at the facility?  
40 CFR 262.11 (329 IAC 3-7-2) (HWIMS 100) ☒

- |       |   | <u>OK</u>                           | <u>DF</u>                | <u>NI</u>                | <u>NA</u>                |
|-------|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 2)    | Has the generator submitted biennial reports and exception reports as required?<br><u>329 IAC 3-10-2 and 329 IAC 3-10-3</u> (HWIMS 180/360)                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3)    | Are all test results and analyses needed for hazardous waste determinations retained for at least three years?<br><u>40 CFR 262.40 (329 IAC 3-10-1)</u> (HWIMS 180) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> |   |                                     |                          |                          |                          |
| <hr/> |   |                                     |                          |                          |                          |
| <hr/> |   |                                     |                          |                          |                          |

DRAW A SITE MAP; identify site of all hazardous waste activity, i.e. accumulation areas, storage areas, treatment areas, etc.

*See Files*

Remember to take photos and document as well as possible all violations!!!

5015S  
kaw  
1/31/89

J.C.I.

Use and Management of Containers

Location of Unit Container Storage Building

- |  | OK                                  | DF                       | NI                       | NA                                  |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1) Are containers in good condition?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2) Are containers compatible with waste in them?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3) Are containers managed to prevent leaks?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4) Are containers stored closed?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5) Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the property line? (Indicate if waste is ignitable or reactive). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6) Are incompatible wastes stored in separate containers? (If not the provisions of 265.17(b) apply)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7) Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8) If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed?                              |                                     |                          |                          |                                     |
| a. Special handling?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. No Smoking signs?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| c. Separation and protection from ignition sources?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9) Does the container storage area have adequate aisle space (about 2.5 feet)?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10) Can containers be inspected for leaks or deterioration without moving the containers during the inspection?                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Preparedness and Prevention:

- |  |                                     |                          |                          |                                     |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 11) Security - Do security measures include:   |                                     |                          |                          |                                     |
| a. 24- hour surveillance? or   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Barrier around facility including controlled entry?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| c. Danger sign(s) at entrance?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12) Maintenance and Operation of Facility  |                                     |                          |                          |                                     |
| a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13) If required, does the facility have the following equipment:   |                                     |                          |                          |                                     |
| a. Internal communications or alarm systems?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Telephone or 2-way radios at the scene of operations?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Are water hoses, foam equipment, automatic sprinklers or water spray equipment available? (Please specify) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

2. C.I

Generator Accumulation Appendix

Location of Unit Filter Press Room (Plating)  
Basement

OK DF NI NA

- 1) If waste is being shipped off-site is it properly packaged, labeled and marked per DOT regulations?  
40 CFR 262.30-262.32 (329 IAC 3-9-1 to 3)

— — ☒ —

- 2) Is the container clearly marked with the start of accumulation date?  
40 CFR 262.34 (329 IAC 3-9-5)

☒ — — —

- 3) Have more than 90 days elapsed since the date inspected in (a)?  
40 CFR 262.34 (329 IAC 3-9-5)

— — — ☒

- 4) Do wastes remain in accumulation tanks for more than 90 days?  
40 CFR 262.34 (329 IAC 3-9-5)

— — — ☒

- 5) Is each container and tank labeled or marked clearly with the words "Hazardous Waste"?  
40 CFR 262.34 (329 IAC 3-9-5)

☒ — — —

Johnson Controls are also generating spent solvents. There were no spent solvents in generation containers on this date.

Satellite Accumulation

- 1) Are containers marked with the words "Hazardous Waste" or with other words identifying the contents?  
40 CFR 262.34 (329 IAC 3-9-5 (c))

— — — —

- 2) Are containers in good condition, compatible with the wastes in them and stored closed?  
40 CFR 262.34 (329 IAC 3-23-2 & 3 & 4(a))

— — — —